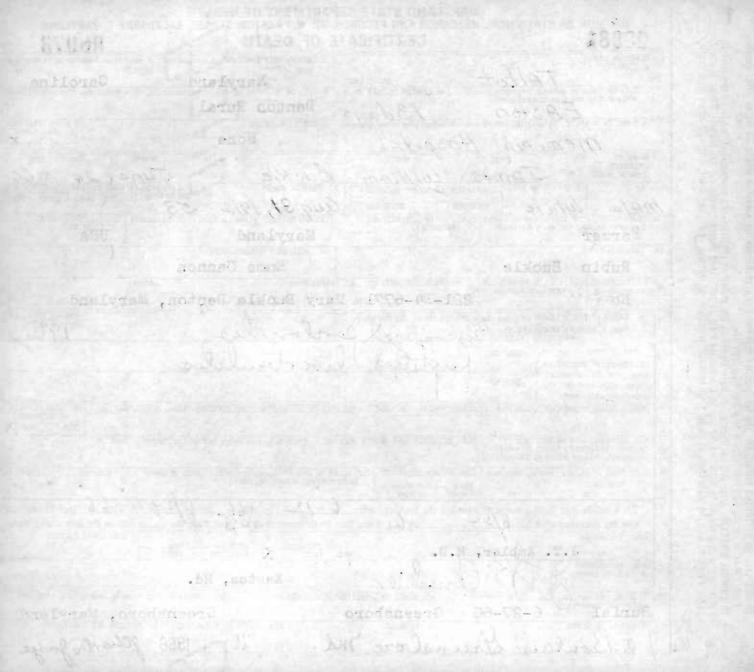
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Caroline o. COUNTY 2, and 3 to PM3. Page o. STATE 2 0 af Maryland after death MARYLAND Deportment b. CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Greensboro 01 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS hours Office alang with form Sunset Avenue ate tem 18. Give Pages NO T hours ofter death. NAME OF DATE Manth Year within 72 DECEASED (Type or print) DEATH with S. SEX 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 9 (KGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HR 7 MARRIED Months Hours White Male DIVORCED [ Oct. 11,1964 WIDOWED event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **COUNTRY?** None Maryland In onv TISA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME certificate should be executed within Robert Kendall File Betty Bradley puo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes no, or unknown) (If yes give wor or dotes of service) permit. removal None Betty Bradley Greensboro, Md. INTERVAL BETWEEN
ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: Multiple Injuries to the Brain 0 IMMEDIATE CAUSE (a) e, writing the word forwarded to the Cl cremation, Subdural Hematoma Conditions, if ony, which gove hours rise to immediate couse (a), DUF TO stoting the underlying couse Multiples fractures of she skull hovrs 05 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Pneumnia in Chest Films YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING Ranin front of oncoming car MEDICAL EXAMINER: CAUSE OF DEATH 200 ENTURY DOCURRED I DIE PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. (City or town) (County) foctory, street, office bldg., etc.) be retoined for your While at work moy be retoined for your FUNERAL DIRECTOR: Poge ot work eensbara Md designated o on its mian Street 21. I certify that I took charge of the remains described above, held on Autopsy Inspection . Inquiry , ond in my opinion the funeral director. Accident X deoth resulted from: Noturol couses Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 6/23/66 O DEPUTY 10 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Harold NAME (Type) B. Plummer Address (Street, city, town, or county) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (Stote) 0 REMOVAL (Specify) Barclay, Maryland Busic 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR Marley Judge VR A15ME (6) 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 1. PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after MARYLANO b. CITY OR TOWN (if butside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours TEVENSVILLE 0 ve carbon papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO X YES within NAME OF First Middie 4. DATE Month Oay Year Last DECEASED ם (Type or print) DEATH 19 66 ven 5. SEX 6. COLOR OR RACE OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED 8. NEVER MARRIED last birthday) in any Months Days Hours WIDOWED X OIVORCEO 10a. USUAL OCCUPATION (Give kind of work done | sician lease r and in 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) be during most of working life, even if retired) COUNTRY? HOUSEWIFE USA death certificate attending phys ermit. Then ple m, or removal, a MOTHER'S MAIDEN NAME evens ZABETH ALKER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. ed by the attenctransit permit. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) VENSVILL 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN that the I-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) signed been signer the burial-t or to burial, **OUE TO** law requires Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. has as (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health use PERFORMED? certificate the hospital or NO [ YES this ce. PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 120e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. While Not While at work After OR ATTENDING I 19 p.m. at work D should ith the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the 19 to. and that death occurred at 45 2M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATUREA 22b. OATE SIGNED page ATTENOING STAFF PHYS. MED. DIRECTOR PHYS O HOSPITAL PHYSICIAN'S 22d. ADORES director, p should be 1 NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BEMOVAL (Specify) 2 STEVENSV BURIA VENS FUNERAL OIRECTOR 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. 20M 1/65

25030 ART DESCRIPTION OF THE PROPERTY AND The same of the same TEVENSY DE LE CONTRACTOR Company that I was a substitute of the state of the state

-	1 (	M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	E #02	1	08981 CERTIFICATE OF DEATH 08973
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	be see	3	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?  Waryland  11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
	ate Mysik		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
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	ndir T		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes gire war or dates of service)
	requires that the death certificate ding physician. been signed by the attending physisthe burial-transit permit. The biant to burial, cremation, or removal, and		(Yes, no, or unkown) (If yes give war or dates of service) 221-14-6771 Mary Buckle Denton, Maryland
	ding physician. been signed by the burial-transit to burial, creman		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Senting for (a) (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Senting for (a) (b), and (c).]
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	w r cend as b as t as t		underlying cause last. (c) (c)
	e la r att re h te h ise		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
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	OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. INECTOR: After this certificate has been signed by a 3 should be detached for use as the burial-transid with the State Dept. of Health prior to burial, ore		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES NO 2020. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  204. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
	YSIC ho is ch ach ept		
	the Date of the Da		Hour a.m. While Not While factory, street, office bldg., etc.)
	retained by tretained by tCTOR: After should be continued the state of		
	ained ained OR: A nould		21. I certify that (I) (this hospital) attended the deceased from 6 - 12 , 1966, to 6/24 , 1966, that (I) (we) last saw the deceased alive on 6/24 , and that death occurred at 2 3M, from the causes and on the date stated above.
	ATT ret		22a. SIGNATURE   22b. DATE SIGNED
	OR be		J.T. Ambler, M.D. M.D. ATTENDING MED. MED. STAFF PHYS.
	may MAL YAL	1	22c. PHYSICIAN'S 22d. ADDRESS
	Page 4 may FUNERAL I director, pag		Laston, Md.
	TO HOSPITAL OR ATTEND Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  BURIAL (Specify) 6-27-66 Greensboro Greensboro Maryland
		2	BurlaT 6-27-66   Greensboro   Greensboro, Maryland  24. FUNERAL DIRECTOR   ADDRESS   25a. REC'D BY REGISTRAR'S SIGNATURE
	100 ALC (4)	20	
	VR A15 (4) 20M 1/65	18	J. E. Boulais Greenstoro, Md. DATE JUL 1 1966 Johnster Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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1. PLACE OF DEATH  o. COUNTY		2. USUAL RESIDEN	CE (Where decessed lived,		idence before admission
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	LENGTH OF STAY IN 16		outside corporete limits, w		
write RURAL and give neerest town)					
Easton	yrs.	Easton			70-/
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305 Needwood Ave.			edwood Ave.		YES NO K
3. NAME OF First DECEASED	Middla	Last	4. DATE Mo	nth	Dey Yeer
(Type or print) William I.	Burkhardt		DEATH 6	/11/66	19
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED   B.	DATE OF BIRTH	9. AGE (In year		AR IF UNDER 24 HRS.
male W WIDOWED 12		11/7/1889	last birthday 76 yrs.	Months De	ys Hours Min.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCI (Yes, no, or unkown)   (Ifyasgive war or dates of service)	IAL SECURITY NO. 17. II	NFORMANT	Addre	DSS .	
	-03-7461 Wi	lliam E. H	Burkhardt,	Elkton	, Md.
1B. CAUSE OF DEATH [Enter only one cause per line for	The state of the s	8		1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	WELL ITCH	clusion			ONSET AND DEATH
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PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.					
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0 2001		ory, streat, office bldg., etc.		(Count)	) (Siele)
p.m. 19 at work	et work				
21. I certify that I took charge of the remains	described above, hel	d an Autopsy,	Inspection Inqu	uiry 🔲, 🥫	and in my opinion
death resulted from; Natural causes .	Accident , Suici	de , Homicide	, Undetermined	manner	
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ACTUAL Zna ()//	Ult.	ASSISTANT MEDI	CAL EXAMINER		DATE SIGNED
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23. FUNERAL DIRECTOR	ADDRESS	11111	D BY REGISTRAR   24b. R	CISTRAR'S SIGN	Cudae
The Jay D. Heverin Funers	al Home, Eas	ston, Mdwki	של מספו פו		10

please execut certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the full director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-trensit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 roung after death. TO DEPUTY 5M 7/59

ICAL EXAMINER: This certificate should be executed within 24 hours after death, if any

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY after after MARYLAND by the b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) hours Michaels d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Railroad Ave within NOX within etely nod NAME DE First Last 4. DATE Month Year /Middle Day DECEASED 0F Wash inaton remove car any event, (Type or print) DEATH 20190 anos 19 J. 62 executed 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED birthday) Months Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician ease during most of working life, even if retired) Maryland paving contractor PHYSICIAN: The law requires that the death certificate MDTHER'S MAIDEN NAME remova Anna Price Thomas E. (arey 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 17. INFORMANT 16. SDCIAL SECURITY ND. Address permit. 0 (Yes, no, or unkown) | (If yes give war or dates of service) I-transit perm I, cremation, o St. Michaels. Md. George W. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. signed DUE TD buri Conditions, If any, which peen gave rise to Immediate DUE TD cause (a), stating the as th underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? certificate ND X YES I 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached f te Dept. of DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (State) be de State I factory, street, office bldg., etc.) Hour a.m. Not While While After at work p.m. 19 at work O 21. dertify that (I) (this hospital) attended the deceased from DIRECTOR: Age 3 should lied with the saw the deceased alive on and that death occurred at \_\_\_\_ M, from the causes and on the date stated above. SIGNATURE page DIRECTOR M.D. director, pa HOSPITAL 22d. ADDRESS PHYSICIAN'S NAME (Type) Lane Wroth St. Michaels BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Burial (Specify) emeteru FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE A15

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1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
th.		08984 CERTIFICATE OF DEATH 08976
rs after death.  by the funeral Pages 1 and 2 urs after death.	1.	PLACE OF DEATH  a. COUNTY  A / b o f  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)  b. COUNTY  b. COUNTY  b. COUNTY  D. COUNT
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comple comple eve carl	5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
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cate be e. physician n please val and in	10a dur	USUAL OCCUPATION (Give kind of work done Industry) 12. CITIZEN OF WHAT COUNTRY?
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certifica Iding ph Then remova	15	ANDREW SCHWATKA MARY E. SPRINGER
or it.	(Y)	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dates of service) 215-36-1264 WM, H. CARTER- RICE MD.
at the deat ian. d by the at ransit pern cremation,		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  INTERVAL BETWEEN ONSET, AND DEATH
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OR ATTENDING P y be retained by to DIRECTOR: After age 3 should be led with the State		22a, SIGNATURE  M.D. ATTENDING MED. STAFF 22b. DATE SIGNED  MED. PHYS. DIRECTOR PHYS. D
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

PLACE OF DEATH

OCOUGO GENTIFICATI	C OL DEVIU
1. PLACE OF DEATH 2 COUNTY Tal bot MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Talbot
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	60-1
HOUSE IN THE PINES, INC. EASTON	d. STREET ADDRESS  RT. 3 - BX 95 -EASTON  e. IS RESIDENCE ON A FARM? YES \( \text{NO.X} \)
3. NAME DF DECEASED (Type or print) Nellie Corkran	Last 4. DATE Month Day Year DEATH JUNE 14 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8  Temale White Widowed Divorced Divorced	3. DATE DF BIRTH  9. ACE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.   Months   Days   Hours   Min.   Wrs.   Wrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housework	11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?  Talbot Maruland
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Greenbury Griffith	Henrietta Jones
(Vat no or unknym) (If you nive way or dates of corries)	Address Donothy Lyons, Easton, Manyland
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO	Peras Clerasis Interval Between ONSET AND DEATH
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  (b)  DUE TD	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT OF THE PART II. OTHER SIGNIFICANT OF THE PART III. OTHER SIGNIFICANT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES NO  NO  RRED. (Enter nature of injury in Pert I or Part II of Item 18.)
DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tkeb. (Enter nature of injury in Pert 1 of Part II of Item 10.)
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAC	CE DF INJURY (Home, farm, y, street, office bidg., etc.)  (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	death occurred at 3M, from the causes and on the date stated above.
22a. SICNATURE She cul M.D.	
PHYSICIAN'S S. KRECH TR.	22d. ADDRESS EASTON, Md
23a. Burial, cremation, 23b. Date thereof Spring Hill	Caston, Md.
24. FUNERAL DIRECTOR E // LIVIAM Y FOR CASTA	1 MA: DANIN 16 1966 Clearles Judge

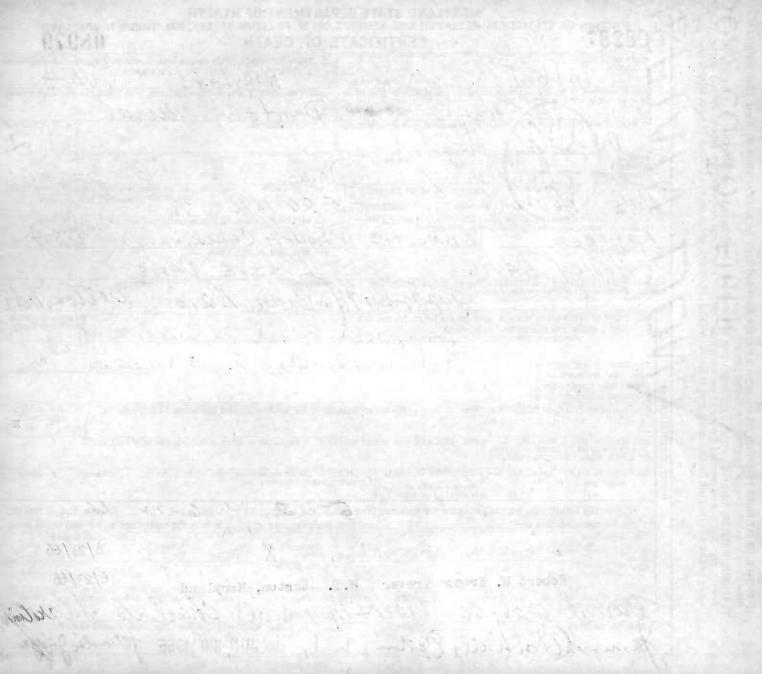
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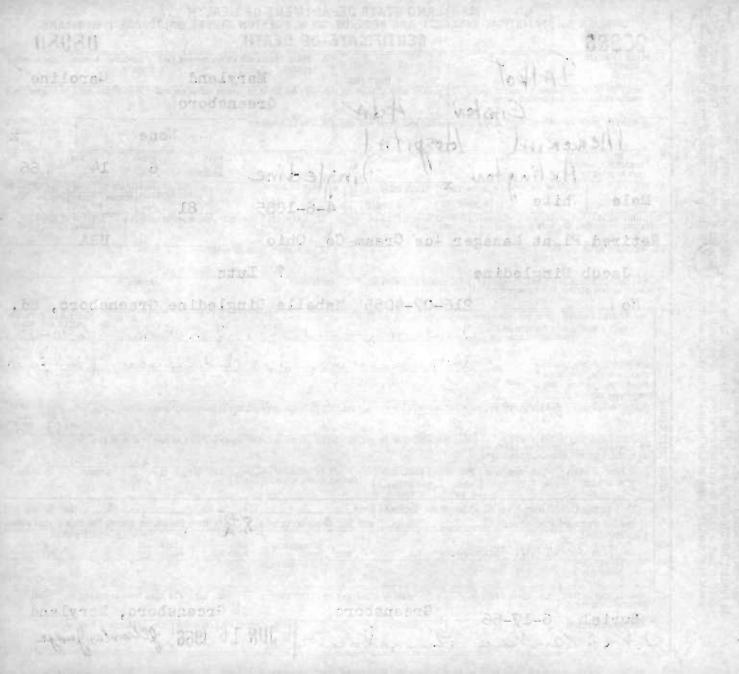
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY after yon papers. Pages 1 Within 72 hours after MARYLAND by the CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAV and give nearest town) hours = filled d. NAME OF HOSPITAL OR INSTITUTION (if not ly hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Somerset Ave. YES ND within ek 3. NAME OF First Middle Last 4. DATE Month Oay DECEASED Adeline comple Sevent (Type or print) DEATH executed 5. SEX 6. COLOR OR RADE 8. DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIEO [ NEVER MARRIED 1890 any Nov Oays Hours WIDOWED & DIVORCED T = 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or, threign country) 12. CITIZEN OF WHAT physician death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Housework 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending ph ermit. Then remova Marietta McGi 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Warrington Garey, Easton, Md. 18. CAUSE OF DEATH [Enter only one cause per ling for (a), (b), and (c).] INTERVAL BETWEEN requires that the -transit ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed burial-t burial, **OUE TO** Cenditions, If any, which (b) been gave rise to Immediate DUE TD cause (a), stating prior underlying cause last. as (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate YES. NO T PHYSICIAN: detached for 20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURREO. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm.) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While p.m at work at work 21. I certify that (1)/ (this hespital) attended the debeased from 19 that (I) (we) last DIRECTOR: age 3 should led with the to and that death occurred at 7/8 M, from the causes and on the date stated above. saw the deceased 22a. SICNATURE 22b. DATE SICNED page ATTENDING STAFF DIRECTOR M.O. PHYS. PHYS. HOSPITAL FUNERAL 22c. PHYSICIAN'S ADDRE TO FUNERAL director, p 22d. NAME (Type) BURIAL, CREMATION, 23d, LOCATION (City, town or county) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) (Specify) aston. FUNERAL DIRECTOR REC'D BY RECISTRAR 25b. REGISTRAR'S SIGNATURE

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9-1- (M	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
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24 hours after death. filled in by the funeral appers. Pages 1 and 2 n 72 hours after death.	PLACE DF DEATH 11.2 IISTIAL DESIDENCE (Where deceased lived 15 institution: Pacidance before admir	sion)		
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eath certific attending p ermit. Then	S. WAS DECEASED EVER'IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Address) (If yes give war or dates of service)	-		
e death c the atten it permit.	24226359 Moundrewlares Person, me	11		
the yy th	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH	EN		
hat cian led bed transfer	1 IMMEDIATE CAUSE (a) Congestience reart failure	_		
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ICIAN: The ospital or certificate hed for use t. of Health	20a. ACCIDENT WAS UNDERLYING 1 20h. DESCRIBE HOW INJURY OCCUPANT (Enter nature of Injury in Part Lor, Part II of Item 19.)			
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PHYSI the hi this detacle e Dep	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY(Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (County) (State	2)		
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ATTENDING retained by retained by sections. After a should be with the Star	21. I certify that (I) (this hospital) attended the deceased from 19 and that death occurred at 1/30M from the causes and on the date stated above.			
<u>ш</u> (τ) >	22a. SICNATURE   22b. DATE SICNED	ove.		
L OR sy be or	Robert W. Trever M.D. ATTENDING MED. STAFF   6/23/66			
PITAL 4 may ERAL C or, pag or, pag 1 be fill	22c. PHYSICIAN'S NAME (Type) Robert W. Frank Trever M D Forton Washington			
TO HOSPITAL OR Page 4 may be TO FUNERAL DIR director, page should be filed	a. OUT ALL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERS OR CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERS OR CREMATION. 23d. 10CARTION (City, town or county). (State)	=		
07 07 p. p. s.	Burger 6-28-66 york Memorial Charlotte & Caret	200		
	DDRESS 25a. REC'D BY RECISTRAR 25b. RECISTRAR'S SICNATURE			
VR AI5 (4) 20M 1/65	James Al as hill, Easter, but, DATE JUN 30 1966 Charles Judge	10.		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Caroline MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Greensboro d. NAME OF HOSPITAL OR INSTITUTION (if not in hespital, give street address) e. IS RESIDENCE None DN A FARM2 NOT CT-05 completely 3 NAME DE Middle: DATE Month Day 1966 DECEASED DEATH (Type or print) SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED [ DATE OF BIRTH last birthday) Months | Male Days WIDOWED DIVORCED -6 - 188510a. USUAL OCCUPATION (Give kind of work done) 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT NG PHYSICIAN: The law requires that the death certificate be by the hospital or attending physician. during most of working life, even if retired) INDUSTRY COUNTRY? Lce TISA nt Manager Cream Co Ohio 14. MOTHER'S MAIDEN NAME Tacob Dinoledine
15. WAS DECEASED EVER IN U.S. PARMED FORCES?
(Yes, no, or unkown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Mabelle Dingledine Greensboro. 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TD cause (a), stating the underlying cause last. (c) 38 PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? YES ND 20a. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from 19 19 \_, that (I) (we) last and that death occurred at \$42 M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED STAFF Robert W Tirever DIRECTOR PHYSICIAN'S 22c. 22d. ADDRESS director, p NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Greensboro Greensboro, Maryland REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. and PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) filled in Ters. Pas. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If dutside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ve carbon paper event, within 72 24 DN A FARM? 0 NO X completely t certificate be executed within 3. NAME DE First Middle DATE Last Year 4. Month Day DECEASED DF DEATH (Type or print) 1966 Emas 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED physician in pleaser I 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT during most of working life, even if retired) COUNTRY 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending phy ermit. Then p n, or removal, 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Addréss TO FUNERAL DIRECTOR: After this certificate has been signed by the atten director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or a death (Yes, no, or unkown) (If yes give war or dates of service) 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? NO V YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY DCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE DF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While 19 at work at work 19 6060 19 6 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 1966 saw the deceased alive on and that death occurred at M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF PHYS DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, PEMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) FUNERAL DIRECTOR ADDRASS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65

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1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	08990 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 118982
HEALTH DEPT.	1. PLACE OF DEATH  o. COUNTY  o. STATE  MARYLAND  1. PLACE OF DEATH  o. COUNTY  O. STATE  MARYLAND  O. STATE  MARYLAND
ages 1, 2, and 3 to h farm PM3. Page state Deportment of thours after death.	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn)
2 0 0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO [
fer death. If Give Pages 1, and with farm th the State De Ithin 72 hours	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year
haurs after death. tem 18. Give Page Office alang with fand 2 with the Stat	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AOF (In years IF UNDER 1 YEAR IF UNDER 24 HR)  Months Days Hours Min.
thin 24 haurs encil in Item 18 miner's Office pages I and 2 v in any event	Oa. USUAL OCCUPATION (Give kind of wark done auring most of warking life, even if retired)  12. CITIZEN OF WHAT COUNTRY?
within 24 pencil in caminer's le pages le nany	13. FATHER'S NAME
ited with the start of the star	CHARLES EDWARD EWING MARGARET COLE  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service)  Address  Charles Cole  Address  Charles Cole  Charles Cole  Address  Charles Cole  Ch
INER: This certificate shauld be executed within 24 haurs after death. If the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, shauld be farwarded to the Chief Medical Examiner's Office along with farm files.  3 shauld be used as a burial-transit permit. File pages I and 2 with the State De nt, prior to burial, cremation, ar removal, and in any event within 72 hours.	18. CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DEATH CONSET AND DEATH  ONSET AND DEATH
e shauld be e the word "per to the Chief ! burial-transit ematian, ar re	Continue it any which are a Due to August
certificate shauld writing the word irwarded to the Ch Joed as a burial-tra burial, crematian,	rise to immediate couse (o), Stoting the underlying cause last.
certificate arwarded arwarded used as a burial, cre	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(A).
AMINER: This is the certificate, is 4 shauld be four files.	PERFORMED?  YES NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)  PRIMARY OF CONTRIBUTING OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)  Driver of beath.
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, left or town) (County) (State)  While Not While And While Indiany, street, affice bldg, etc.)
IEDICAL EXA	21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion
JTY MEDTA ry, please e eral director be retained RAL DIRECT or its design	deoth resulted from: Natural couses Accident No. Suicide, Homicide, Undetermined monner  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  22. DATE SIGNED
JITY. P. Peral be r RAL ar it	SIGNATURE  SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER  EXAMINER'S NAME (Type)  Address (Street, city, town, or county)
TO DEPU necessa the fun 5 may TO FUNE Health	230' BURIAL CREMATION, REMOVAL (Specify)  236. DATE THEREOF  236. NAME OF CEMETERY OR CREMATORY  236. LOCATION (City or Town)  (County) (Stote)  COUNTY OF THE PLANT OF THE PL
VR A15ME (5)	24. FUNERAL PIRECTOR  ADDRESS  250. REC'D BY REGISTRAR  25b. REGISTRAR'S SIGNATURE  DATUN 2 1 1966  **Clearles Judge***

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\$2030 Apparter St. - harajust ? ... LANGE CAUSER JEDINEE CHIEMPAL horad Charles Charles lill series, May and 6/20/66 per the state of t agent as the Control of the Control

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- = a	9		08992 CERTIFICAT		08984
24 hours after death. filled in by the funeral apers. Pages 1 and 2 n 72 hours after death.		1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: R	Residence before admission)
after the fu		_	Jalbot MARYLAND	a. STATE MARYLAND b. COUNTY QUEEN	I ANNEY
rs aft by th Pages		6	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	C. CITY OR TOWN (If outside corporate limits, write RURAL  STEVENS VILLE	and give nearest town)
houn d in rs.		-	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	70	3	memorial Hopetal		YES NO NO
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e be			Ing most of working life, even If retired) INDUSTRY  RETIRED FARMER	CHESTER MARYLAND	USA
ificate g physien ple		13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
cert.		15	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address	
aw requires that the death certificate be ttending physician. The attending physician as the burial-transit permit. Then please pring to purial, cremation, or removal, and		(Yo	is, no, or unkown) (If yes give war or dates of service) 214-34-7403 M	RS. LOIA GOLT = STEVENSUL	LLE MD.
the it per			18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
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require ding plans been s			gave rise to Immediate cause (a), stating the DUE TO	Tout he marsiast	0019-1000
tendi as b		z	underlying cause last. (c)		l and all approximation of the state of the
HYSICIAN: The law requires that the hospital or attending physician. this certificate has been signed by leached for use as the burial-trans fleate of the last having to burial.		CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
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PHYSICIAN: the hospital this certific detached for	:		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
PHY the this deta		MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA facto	ACE OF INJURY (Home, farm, 2Df. (City or town) (Coupry, street, office bidg., etc.)	unty) (State)
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OR ATTENDING be retained by IRECTOR: After			21. I certify that (I) (this hospital) attended the deceased from 6 saw the deceased alive on 6 - 2 2 19 6 and that	$\frac{-22}{1966}$ , to $\frac{622}{196}$ , to $\frac{622}{196}$ , to $\frac{622}{196}$ , to $\frac{622}{196}$	<b>6 C</b> , that (i) (we) last the date stated above.
A AT RECT SECT			22a. SIGNATURE	/ 22b. D	DATE SIGNED
AL OR NA DIRECTOR DIR		9	22c. PHYSICIAN'S Kobert W. Trever M.E		23/66
TO HOSPITAL OR ATTENI Page 4 may be retained ITO FUNERAL DIRECTOR: director, page 3 should he filed with the	3 /		NAME (Type) Robert W. Trever M. I.	0/2	23/66
Page Firection		238		Y OR CREMATORY 23d. LOCATION (City, town or con	unty) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Talbox b. COUNTY Talbox MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b within 72 hours write RURAL and give nearest town) hours Ξ nanne filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET AOORESS YES NOK etely carbon 3. NAME OF First Middle DATE Oav Year Last 4. Month OECEASED 166 comple and con-(Type or print) DEATH executed 5. SEX 6. COLOR OR RACE 7. MARRIEO OATE OF BIRTH ACE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS. Jast birthday) | Months | Days | Hours | Min. NEVER MARRIEO male WIOOWEO [ DIVORCEO 10a. USUAL OCCUPATION (Cive kind of work done) 12. CITIZEN OF WHAT = 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician ease during most of working life, even if retired) COUNTRY? Talbox Maryland annenten certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Henrietta Jones Greenbury Grit 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Harry yr cremation. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND OEATH à PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed been signed the burial-tr or to burial, ( DUE TO Conditions, If any, which gave rise to immediate **OUE TO** cause (a), stating the underlying cause last. as (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO? certificate NO A YES 0 this cerum detached for PHYSICIAN: 2Da. ACCIDENT WAS UNDERLYING [ OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF OF ATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While After at work p.m. at work retained JUNE 1966, that (1) (wo) last 1966 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 3 M, from the causes and on the date stated above. DIRECTOR age 3 should be a sho saw the deceased alive on 1966 22a. SIGNATURE 22b. OATE SIGNEO ATTENDING X be be MEO. DIRECTOR STAFF page FUNERAL PHYSICIAN'S 22d. ADORESS director, p should be f NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION. 23b. DATE THEREOF 01 REMOVAL (Specify) 25b. REGISTRAR'S SICNATURE 24. FUNERAL DIRECTOR REC'D BY RECISTRAR VR ALS (4)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND hours after death PLACE OF DEATH RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY filled in by the labers. Pages 1 MARYLAND b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Wittman Trappe d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Green Nursing Home YES NO X completely we carbon p OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the hospital or attending physician. 3. NAME OF DECEASED First Middle Last DATE Month Day Year 3 1966 DEATH (Type or print) Harrison AGE (In Wars | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE SEX DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED ev physician and can please removed wal, and in any e WIDOWED 10a. USUAL OCCUPATION (Give kind of work done (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) COUNTRY FUNERAL DIRECTOR: After this certificate has been signed by the attending phy lirector, page 3 should be detached for use as the burial-transit permit. Then ply hould be filed with the State Dept. of Health prior to burial, cremation, or removal, MOTHER'S MAIDEN NAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN (Yes, no. or unkown) (If yes give war or dates of service) INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part II of Item 18.) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 1962, to June & 21. I certify that (I) (this hospital) attended the deceased from. . 19 66. that (I) (we) last 19 66 and that death occurred at 10 P M, from the causes and on the date stated above. saw the deceased alive on\_ 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR -9-66 director, page should be filed Robert W. Trover ATTENDING M.D. PHYS. Page 4 may PHYSICIAN'S 22d. ADDRESS 22c. NAME (Type) Easton RD (State) BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county 0 FUNERAL DIRECTOR ADDRESS/ VR A15 (4) 15M 4-64

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7 -10	1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ARYLAND
A. Maria	4 =04	1	CERTIFICATE OF DEATH	08987
	executed within 24 hours after death, and completely filled in by the funeral remove carbon papers. Pages 1 and 2 n any event, within 72 hours after death.	1.	MARYLAND	sidence before admission)
	in by the fine pours after hours after	-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Faston  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL a  Oxford	7-1
•	filled papers nin 72 l		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	ured within completely to ove carbon p	3.	NAME OF First Middle Last 4. DATE Month OF (Type or print) Collie A. Hubbart DEATH	Day Year 17 1966
(	and completely filled in by remove carbon papers. Page any event, within 72 hours		SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IFUNDER 1   Months   1   Month	
			ring most of working life, even if retired) INOUSTRY Talbot Maryland COU	TIZEN OF WHAT
	ertificatu ling phy Then pl emoval,		Louis Hubbard  14. Mother's Maiden NAME  Emma Corknan	
	death certifi ne attending permit. Ther tion, or remov	15 (Y	6. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) 219-16-17834 Mrs. Anna Friend, Silver Spring	, Md.
	D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which gave rise to Immediate cause (a), stating the  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	INTERVAL BETWEEN ONSET AND DEATH 5 day
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	OR ATTENDING PHYSICIAN: y be retained by the hospital DIRECTOR: After this certifi age 3 should be detached fo iled with the State Dept. of H	1	saw the deceased alive on 6 17 1966, and that death occurred at 6 3M, from the causes and on the	e date stated above
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	TO HOSPITAL Page 4 may TO FUNERAL director, pa	23	a. Burial, Cremation, 23b. Date thereof 23c. Name of Cemetery or Crematory 23d. Location (City, Joyn or country) 6/20/1966 0x10nd.	nty) (State)
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Talbot a. COUNTY a. STATE Maryland Talbox b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 4 years Sh erwood d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE any event, within 72 ON A FARM? NO 7 YES within completely ve carbon p 3. NAME OF Middle Last DATE Month Oay DECEASED OF 66 (Type or print) DEATH 19 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIEO AGE (In years | IFUNOER 1 YEAR | IFUNOER 24 HRS. 5. SEX OATE OF BIRTH Months ! Days Hours WIDOWEO DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe during most of working life, even if retired) salesman requires that the death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME removal. John Isherwood Ada (ollett 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) 0 Sherwood, Md. Mrs. Margaret Isherwood CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN al-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed burial-ti burial, DUE TO Conditions, If any, which peen gave rise to immediate DUE TO cause (a), stating the Drior underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate NO T YES for PHYSICIAN: QOA. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) I be detached for State Dept. of I this MEDICAL (State) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the and that death occurred at CAMM, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. OATE SIGNED page ATTENDING MED: DIRECTOR M.D. FUNERAL 22d. St. Michaels, TO FUNERAL director, p should be f Lane Wroth 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. OATE THEREOF LOCATION (City, town or county) (State) Eart Lincoln Washington, 6-14-66 25b. REGISTRAR'S SIGNATURE AOORESS FUNERAL DIRECTOR REC'O BY REGISTRAR I

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_ 1 (N	1)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYI	LAND
FOR STATE		08997 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	18989
HEALTH DEPT.		1. PLACE OF DEATH a. COUNTY Talbot  2. USUAL RESIDENCE (Where deceased lived, If Institution: Resider a. STATEPennsylvania b. COUNTY Philade country Talbot	
cessary, o the funeral e 5 may be Department after death.		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (If outside corporate limits, write RURAL and Philadelphia  73	- 3
delay and 3 to the Page 5 to State Department	00	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  on a boat  2024 Rittenhouse Square	e. IS RESIDENCE ON A FARM? YES NO
M33 M33 72		(Type or print) WALTER VSN9ARD GOHNSON DEATH GOT	2 19 <sup>66</sup>
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Give wi		during most of working life, even if retired)  Lawyer  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	
12 a 12 E		Nathaniel B. Johnson Emma Truitt	
41 F E E	1	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address (Yes, no, or unknown)   (If yes give war or dates of service)	
within 2 pencil in miner's C permit.		yes WW 11 Willis M. Johnson, Seaford, D	el.
Exal		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  DUE TO	TERVAL BETWEEN NSET AND DEATH
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EXAMINER: e certificate hould be fo iles. OR: Page 3 signated ag			nd in my opinio
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DEPUTY MEDICAL Gease execute the rector. Page 4 sh tained for your fill FUNERAL DIRECTO	2	SIGNATURE  SIGNATURE  DEPUTY MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER	<b>-12-</b> 66
o DEPUTY please ex director. retained f O FUNERAL of Health		NAME (Type)   Address (Street, City, town, or county)	(State)
101 pp 101		Burial  June 16, 1966 Hollywood  Leaf- Elineral Director  Address   25a. Rec'd By Registrar 2558	GNATURE
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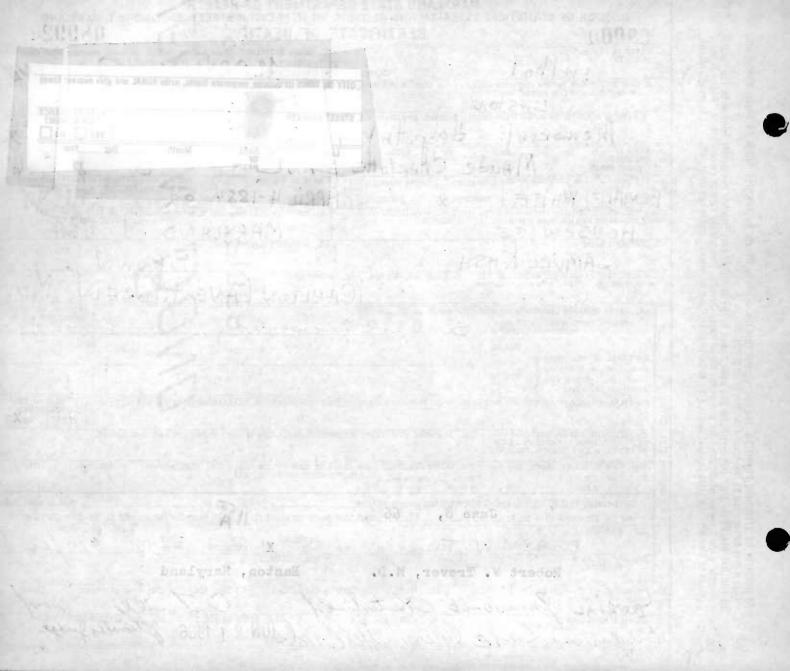
1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
4 60 H	08998 CERTIFICATE OF DEATH (18991)
24 hours after death. filled in by the funeral apers. Pages I and apers. 72 hours after death.	1. PLACE DF DEATH a. COUNTY  A. STATE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY (aroline)
nours after in by the s. Pages I hours after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
24 hour filled in papers. In 72 hou	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	3. NAME DF DECEASED 17, First C Middle Last 4. DATE Month Day Year
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In . years   IF UNDER 1 YEAR   IF UNDER 24 ARS.
executed and con remove	Remale white WIDOWED DIVORCED 12/31/1932 33 birthday) Months Days Hours Min.
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certificat ding phy Then p removal,	13. FATHER'S NAME Henry E. Kohls  14. MOTHER'S MAIDEN NAME (atherine Prietz
or re	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address (Yes, no, or unknown)   (If yes give war or dates of service)
The law requires that the death certificate or attending physician, cate has been signed by the attending physic ruse as the burial-transit permit. Then ples ealth prior to burial, cremation, or removal, and	no   219-30-0481   William R. Jones, Bethlehem, Md.  18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  ONSET AND DEATH ONSET AND DEATH
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JING PHYSI d by the h After this d be detac s State Dep	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (County) (State)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, st
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<u> </u>	saw the deceased alive on
PITAL OR may be may be filed	22c. PHYSICIAN'S NAME (Type) Robert W. Trevon 22d. ADDRESS Caston, Md.
TO HOSPITAL Page 4 may O FUNERAL director, pag should be fille	23a. BURIAL, CREMATION, 23b. DATE THEBEDF   23c. NAME OF CEMEIERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
E E S	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR AIS (4) (2)	Maure F. Nermann - SON FASTOW, Md. 315N 23 1966 galantes Judge

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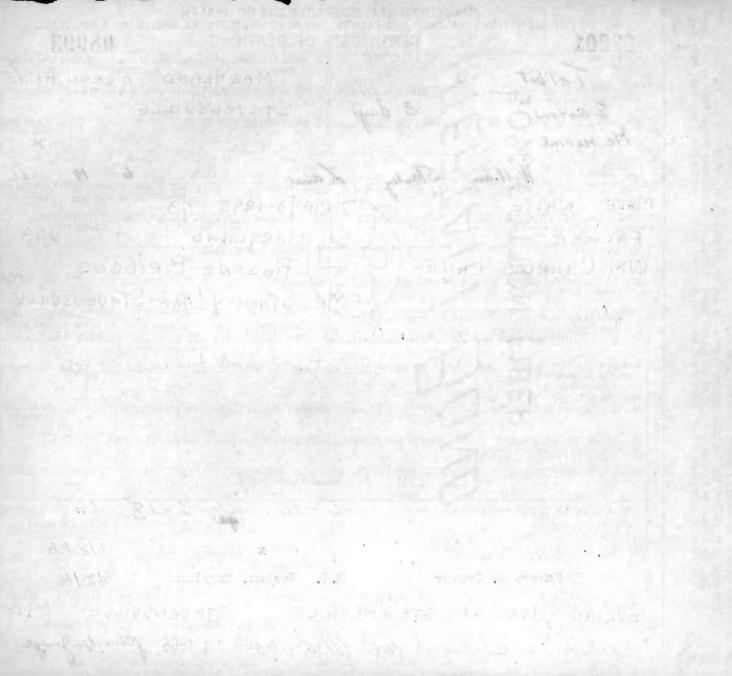
1(1)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
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TO HOSPITAL OF Page 4 may 10 FUNERAL Didicector, page should be file	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY STEVENSVILLE STEVENSVILLE	E MID.			
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	MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	RYLAND
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A ATTI e reta ECTO 3 sho with	22a. SIGNATURE   22b. DATE	SIGNED AND VI
AL OR nay be NL DIRB page 3 filed v	Robert W. Trever M.O. ATTENDING MED. STAFF OIRECTOR PHYS. 22c, PHYSICIAN'S 122d, ADDRESS	9/66
SPIT	NAME (Type) Robert W. Trever, M.D. Easton, Maryland	/
Page 4 may be received by the	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county,	(State)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funera and deat PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours STEVENSVILLE days filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street/address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within Movial YES X NO within etely carbon NAME OF # First Middle Last DATE Month Day Year DECEASED OF event, compl (Type or print) 19 DEATH 19 66 executed 5. SEX 6. COLOR OR RACE ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS emove DATE OF BIRTH 7. MARRIED NEVER MARRIED 8. last birthday) Months Davs Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Cive kind of work done) Ξ 10b, KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, of foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? ARMER death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME RIDGES 16. SOCIAL SECURITY NO. INFORMAN Address the attent permit. 0 (Yes, no, or unkown) | (If yes give war or dates of service) STEVENSVILL cremation, CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the been signed by t the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: hospital or attending physician. IMMEDIATE CAUSE (a) 5 mun DUE TO Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. 38 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate NO T YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After While Not While ATTENDING at work at work p.m 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the 4a.M. from the causes and on the date stated above. and that death occurred at saw the deceased alive on 22a. SIGNATURE DATE SIGNED 22b. page ATTENDING MED. Robert STAFF 6/20/66 M.D. DIRECTOR HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS should be director, NAME (Type) Robert Easton. Maryland BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 10 FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25b. VR A15 (4) 20M 1/65



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IO HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	nysician.	IO FUNERA. IRECTOR: After this certificate has been signed by the attending physician and complete do in by the funeral	director, page 3 should be detached for use as the burial-transit permit. Then please remove arbon papers. Pages 1 and 2 should	n, or removal, and in any event, within 72 hours after death.
3 PHYSICIAN: The	y the hospital or attend	ir this certificate has bee	ed for use as the burial	ealth prior to burial, cre
TO HOSPITAL OR ATTENDING	death. Page by the hospital or attending physician.	TO FUNERA IRECTOR: After	director, page 3 should be detach	be filed with the State Dept. of Hi

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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e. COUNTY	H		a. STATE	CE (Where deceased lived, If into	stitution: Residence before admission) 1
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d. NAME OF HOSP	ITAL OR INSTITUTION (if not in	hospital, give street eddress)	d. STREET COLEGE	ova	IS RESIDENCE     ON A FARM?
			A-100 386		YES NO
3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE Month OF June	21 <sub>19</sub> 66
5. SEX	6. COLOR OR RACE 7. MAR	RIED Henry I	1ndemann	9. AGE (In years   II	
				last birthdey)	Months Days Hours Min.
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	IION (Give kind of work orking life, even if retired)	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHALACE TOOLIN	ly a State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
			00000		USA
3. FATHER'S NAME	O.T.		14. MOTHER PARIDEN	ME	
157	DEATH [Enter only one cause p I'H WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO	Carcinom	1 10	Lindemann  Lindemann  Lindemann  Lindemann  Lindemann  Lindemann	Miterval Between ONSET AND DEATH
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OR CONTRIBUTING	AS UNDERLYING   20b.	DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in 1	Pert I or Pert II of item 18.}	
20c. TIME OF INJ Hour a.m.	w		CE OF INJURY (Home, farm pry, street, office bldg., etc.		(County) (State)
21. I certify	(/	ended the deceased from		1.200	I, 19 (we) land on the date stated above
22e. SIGNATURE	ale R Ko	Elman M.	ATTENDING A	MED. STAFF PHYS.	6-23-66 DATE
22c. PHYSICIAN'S NAME (Type		Kollman, M.	D 22d. ADDRESS	nanst: Ea	4 10 1
3a. BURIAL, CREMAT		1011man,	1 /2/11/12	1307,00,	ston, Md 214
Burial Specify		23c. NAME OF CEMETERY		23d. LOCATION (City, town	or county) (Stete)
	6/25/66 R'S SIGNATURE	23c. NAME OF CEMETERY	emetery	23d. LOCATION (City, town	ralbor, Md.

pouzo done for the date The common of the 25-out Frs. Marie J. Iindedman, Comiova, Md. The Concessed of the Lead if the Concessed Johnson Jakonson THE KIND OF THE PROPERTY OF THE PARTY OF THE Date to Kollman, all 12th thereon to frating the area Adrial c/25/50 5t. Facis Campbary Cordovs, Talbob, 16. The Tay D. Haverin Fineral Home daston, Ind. 10th 23 1258 Works Page

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH app. death. 24 hours after death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b ģ hours write RURAL and give nearest town) 5. Ξ stely filled in bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streetladdress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO V within carbon NAME OF Middlesagrogen DATE Month Day First Last DECEASED comple (Type or print) DEATH 19 executed 5. SEX 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | Jast birthday) | Months | Days | Hours | Min DATE OF BIRTH 7. MARRIED NEVER MARRIED 8. and WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) INDUSTRY physician n please r 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe COUNTRY? -13 GWNE death certificate FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN ILS. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 0 (Yes, no, or unknwn) | (If yes give war or dates of service) CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) been signed the burial-tr Conditions, If any, which (b) gave rise to immediate cause (a), stating the underlying cause last. as CERTIFICATION WAS AUTOPSY 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) for use Health PEREORMED? certificate NO T YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) WEOICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State ( factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While at work at work attended the deceased from 19 to. 19 \_, that (I) (we) last DIRECTOR: age 3 should iled with the and that death occurred at saw/the deceased alive on M, from the causes and on the date stated above. SIGNATURE 22b. DATE SIGNED page ATTENDING DIRECTOR M.D. PHYS. FUNERAL director, p should be f 22c. PHYSICIAN'S 22d. NAME (Type) 23a. (BURIAU, CREMATION, 23b. 23d. LOCATION (City, town or/county) (State) 23c. NAME OF CEMETERY OR CREMATORY DATE THEREOF REMOVAL (Specify) 0 24 FUNERAL DIRECTOR **ADDRESS** REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGN VR A15 (4) 20M 1/65

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

> VR AI5 (4) 20M 1/65

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OCCUPANT OF DEATH

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PLACE OF DEATH     a. COUNTY     2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission and approximately a				
	e. STATE	e. STATE b. COUNTY		
b. CITY OR TOWN (if outside corporate limits, 1 c. LEN)	MARYLAND Maryla	nd Te	albot.	
write RURAL end give nearest town)	C. CITT DR TOWN (I	f outside corporate ilmits, write RURAL	and give nearest town)	
Rural Trappe 29	Ovrs. Rur	al Trappe.	20-1	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?	
!Howells Point!			YES NO W	
3. NAME DF First	Middle Last	4. DATE Month	Day Year	
DECEASED (Type or print)	middle Lest	OF .		
E CEV LC ONLDD DOCUMENT	ordon Massey.	DEATH June 6	1966.	
7. WARRIED NEV	ER MARRIED 8. DATE OF BIRTH	9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS. Days Hours Min.	
M WIDDWED	DIVORCED 3/30/1877	89 yrs.	Days Hours Min.	
10a. USUAL DCCUPATION (Cive kind of work done during most of working life, even if retired) INDUSTRY	USINESS DR   11. BIRTHPLACE (C	county & State, or foreign country)   12. C	ITIZEN DF WHAT	
	howen Ve		OUNTRY?	
13. FATHER'S NAME	Dover Ke		. D. A.	
Occ. was Well-the West				
George Valentine Masse		Woodall.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIALS (Yes, no, or unkown)   (If yes give war or dates of service)	ECURITY NO.   17. INFORMANT	Address		
_No.	Mrs. G. G. M	lassev. Trappe N	Id. R. D.	
18. CAUSE OF DEATH [Enter only one cause per line for (a			INTERVAL BETWEEN	
PART I. DEATH WAS CAUSED BY:	NILE HEAR	T FAILUDE	DNSET AND DEATH	
H 500 IMMEDIATE CAUSE (a)	orae nome,	MINICO	7/130	
	RALIZED A	CTGRIOS CLEROSI.	1 10	
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cause (a), stating the DUE TO				
underlying cause last. (c)				
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VA/EI/MONI	A		PERFORMED?	
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Time I Hote	While work			
21. I certify that O(this hospital) attended the o	F 1/ //	966 to 6-6 196	that (D) (we) last	
	966, and that death occurred at	7 10		
22a. SICNATURE 2	, and that death occurred all		ATE SICNED	
Kin ( and ) In Tun	M.D. ATTENDING M.D. PHYS.		-6-66	
22c. PHYSICIAN'S		MED. DIRECTOR PHYS.   6	16	
22c. PHYSICIAN'S NAME (Type) RICHAD A TOT	22d. ADDRESS	ALIDADA ST G	SASTON	
THEN FIRST	150N 365.	AURORA St. 1	ud. 21601	
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		C'O BY REGISTRAR   250. BEGISTRAR	'S SIGNATURE	
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1 Couton and	on Ref Bately	9 1000 1		

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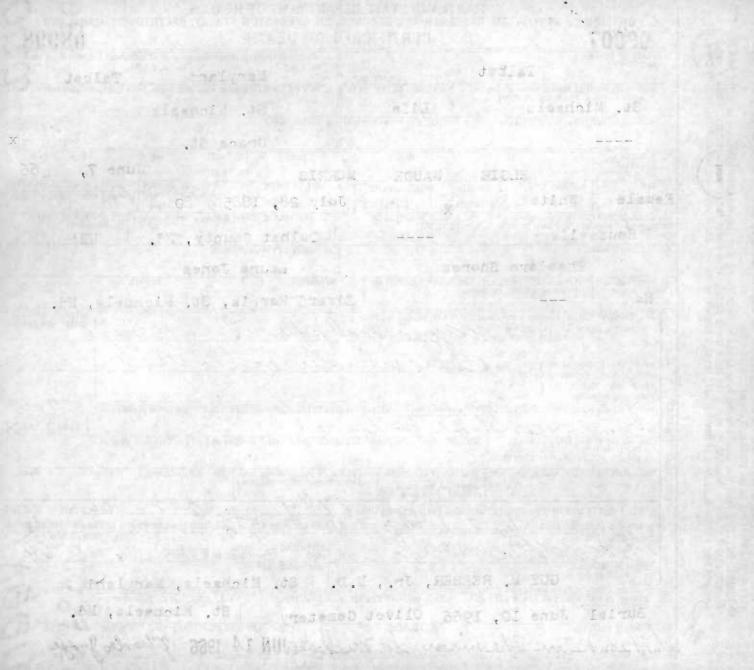
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. funer PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pag write RURAL and give nearest town) 24 hours = papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS within NO X YES within etely completely ve carbon 3. NAME DE Middle Last . DATE 4. Month Day DECFASED event, (Type or print) 10 DEATH 19 5. SEX MARRIED TO ER MARRIED DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 8. WIDOWED DIVORCED = 10a. USUAL OCCUPATION (Cive kind of work done i 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Sici certificate 13. FATHER'S NAME 14. MOTHER'S MAIDER NAME removal attendi 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. INFORMANT Address 0 death (Yes, no, or unkown) (If yes give war or dates of service) transit permit cremation, or KEN ANNE, M the 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), ] INTERVAL BETWEEN law requires that the ONSET AND DEATH -transi PART I. DEATH WAS CAUSED BY: attending physician. 3 ala IMMEDIATE CAUSE (a) burial-t burial, DUE TO Conditions, If any, which been gave rise to immediate the to DUE TO cause (a), stating the as th underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY 19. for use Health The PERFORMED? certificate the hospital or YES NO DX PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) t. of OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) be de State factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While at work p.m. at work retained should ith the 21. I certify that (I) (this bespital) attended the deceased from M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at. 22a. SIGNATURE 22b. DATE SIGNED OR be OR filed ATTENDING STAFF DIRECTOR HOSPITAL FUNERAL PHYSICIAN'S director, p 22C. ADDRESS Stephen P. Carny, Easton. Md. 23a. BURIAL, CREMATION.I 23b. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23c\_ 2 OSEPH 24. FUNERAL DIRECTO 25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65

Charles Taylor Daylor Parket DM. MESSTY, BULER ANNES 150 Stephen P. Carny, Mcl. . . Engton, Ed. the property and the second se

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death. hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 95to N d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? event, within YES NO ely rbon 3. NAME DF First Middle Last 4. DATE Month Day et DECEASED DF DEATH (Type or print) executed 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthday) | Months | Days етоме 7. MARRIED NEVER MARRIED IF UNDER 24 HRS Months Days Hours and DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work done) COUNTRY? physician 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT lease be during most of working life, even if retired) INDUSTRY, SEA tood SA ER MAN death certificate 0 13. FATHER'S NAME remova MOORE old S BUROUGH 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) MARYE MOORE cremation, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] The law requires that the ONSET AND DEATH al-transi PART I. DEATH WAS CAUSED BY: attending physician. signed | IMMEDIATE CAUSE (a) been s. DUE TO Cenditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. has as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate the hospital or NO T YES 20a, ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached f te Dept. of OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this 120e, PLACE OF INJURY (Home, farm, I 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work After Id be c ATTENDING p.m. at work 21. I certify that (I) (this hospital) attended the deceased from 966, and that death occurred at 2 saw the deceased alive on D.M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page MED. DIRECTOR M.D. PHYS. HOSPITAL FUNERAL PHYSICIAN'S 22c. 22d. ADDRESS should be director, NAME (Type) 23b. 23a. BURIAL, CREMATION, DATE THEREOF **CEMETERY OR CREMATORY** 23d. LOCATION (City, town or county) (State) PEMOVAL (Specify) 2 FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY h. COUNTY Talbet after A by t. Pages albot MARYI AND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours Michaels Life Michaels filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Grace YES T NO X completely executed within N.W. NAME OF First Middle Last DATE Month Oav Year DECEASED 7. 1966 June (Type or print) DEATH ELSTE MAUDE MORRIS AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS SEX 6. COLOR OR RACE DATE OF BIRTH 8. Se 7. MARRIED NEVER MARRIED last birthday) Months Hours | Min. and rem Female Days whit.e 28. WIDOWED DIVORCED lease re physician a 10a. USUAL OCCUPATION (Give kind of work done I 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? certificate be Talbet and out one too County TIGA removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Theodore Sheres Laura Jenes 15. WAS OECEASEO EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 0 (Yes, no, or unkown) (If yes give war or dates of service) death ed by the atte transit permit cremation, or Michaels. Md. Edward St. Morris. been signed by the the burial-transit or to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) PHYSICIAN: The law requires that the hospital or attending physician. DUE TO Conditions, If any, which gave rise to immediate as the prior to DUE TO cause (a), stating or this certificate has be detached for use as the Dept. of Health prior underlying cause last. (c CERTIFICATION WAS AUTOPSY PERFORMED? PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. NO X 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. After While Not While be retained by OR ATTENDING at work at work FUNERAL DIRECTOR: Af director, page 3 should I should be filed with the S should 21. I certify that (I) (this hospital) attended the deceased from. 6, and that death occurred at 9 AM, from the causes and on the date stated above. saw the deceased alive on 19/0 22a SIGNATURE DATE SIGNEO ATTENDING PHYS. M.D. DIRECTOR PHYS 4 may director, pr PHYSICIAN'S NAME (Type) ADDRÉSS GUY REESER Michaela, Maryland NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. 9 St. Michaels. Md. Olivet Cemetery 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL OIRECTOR VR A15 (4) 15M 4-64



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ertification photosical errors of Then performance of the performance	13. FATHER'S NAME  Joseph H. Neunam  14. MOTHER'S MAIDEN NAME  Mary E. Parsons			
ne death certificat v the attending phy sit permit Then p mation, or removal,	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 212-12-3158 A Mrs. Nancy Newton, Swathmore, Pa.			
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TO HOSPITAL OR ATTENDING PHY Page 4 may be retained by the TO FUNERAL DIRECTOR. After this director, page 3 should be detailed with the State December 1	21. I certify that (I) (this hospital) attended the deceased from 20 may, 1966, to 26 June, 1966, that (I) (we) las saw the deceased alive on 26 June 1966, and that death occurred at 112 M, from the causes and on the date stated above 22a. SIGNATURE			
TAL OR May be AL DIRE page 3 e filed w	22c. PHYSICIAN'S    22d. ADDRESS    ATTENDING   MED. STAFF   27 June CL   22d. ADDRESS			
Page 4 may for Evneral of Grector, page should be file	NAME (Type) Stephen P. Carney M. D. Easton, Maryland 27-June-65  23a. BURIAL CREMATION, 23b. PATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)			
of of S	BEMOVAL (Specify) 6/28/1966 Oxford Cemetery Oxford, Md.  24. FUNERAL DIRECTOR ADDRESS ASSESSMENT SIGNATURE			
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission e. COUNTY b. COUNTY MARYLAND WICOMICO Talbot MARYLAND Department death. b. CITY OR TOWN (if outside corporeta timits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) SALTSBURY Easton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARMS 300 N. DIV. ST. Easton Hospital YES NO X 3. NAME OF Middle 4. DATE Month Yeer DECEASED (Type or print) MARIAN DEATH **EVANS** POWELL JUNE 21. 19 66 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) Months OCT, 19, 1892 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) OWN HOME MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SEWELL EVANS MARGARET KENNERLY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we rordates of service) \*\*\*\*\* WM. POWELL RR#1 NO 214-10-8187 TRENTON. NEW JERSEY 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] INTERVAL BETWEEN Office along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Pulmonary embolus Sudden DUE TO Conditions, if eny, which Phlebo-thrombosis (b) Days geve rise to immediata ceuse DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? Sub-dural hemorrhage-chronic-right. YES X NO plnods 20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) writing CAUSE OF DEATH. Fell in the bathroom at home during the night. Chief age 3 MEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stete) fectory, street, office bldg., etc.) While Not While et work et work Own home Salisbury Wicomico 21. I certify that I took charge of the remains described above, held an Autopsy 🕻 Inspection 🥻 Inquiry 🏋 and in my opinion death resulted from Natural causes Accident X. Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL should FUNERAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATUR DEPUTY MEDICAL EXAMINER ŏ 6-24-66 225.409 Thanden Ave NAME Salisbury REMORY 22d LOCATION (S NAME (Type) alth 22e. BURIAL, CREMATION, 22d. LOCATION (City, town, or country) REMOVAL (Specify) 0 540 I SALISBURY, MARYLAND BURIAL 23. FUNERAL PIRECTOR 240., REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR A15ME 5M 1/CF

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2, r death. 24 hours after death. PLACE DF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY Caroline Maryland MARYLAND ages b. CITY OR TOWN (if outside corporate limits, C. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Preston = 4510M d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled IS RESIDENCE d. STREET ADDRESS ON A FARM? within , Memorial YES NO. etely within carbon NAME DE DATE Day Year Middle Month Roberts Earl Watson DECEASED OF DEATH ACE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS al SOM (Type or print) Ohovis executed 5. SFX 6. COLOR OR RACE DATE OF BIRTH remove 7. MARRIED NEVER MARRIED Male White Oct. 5, 1903 WIDOWED DIVORCED physician a Ξ 10a. USUAL OCCUPATION (Cive kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Public School Teacher The law requires that the death certificate be School and Philadelphia, Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Roberts Martha Hummel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unknwn) (If yes give war or dates of service) 174-01-2964 Mrs. Almeda S. Roberts, Preston, Maryland transit pern cremation, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b)/and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) signed urial-tra buri Conditions, if any, which been gave rise to Immediate the r DUE TO cause (a), stating the as th underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. for use Health ERFORMED? YES NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING F ached f OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While retained by at work at work 0 21. I certify that (I) (this attended the deceased from that (I) (we) last and that death occurred at 4 33 M, from the causes and on the date stated above. saw the deceased alive 22a. SICNATURE ATTENDING Page 4 may b PHYS. DIRECTOR Ba ≡ FUNERAL 22c. PHYSICIAN'S 22d. director, p NAME (Type) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23c. REMOVAL (Specify) 9 June 29,1966 Junior Order Cemetery Preston, Maryland RECISTRAR'S SIGNATURE DIRECTOR **ADDRESS** REC'D BY REGISTRAR 25b. DATEJU 1/65

DO DO And Mora . Att. . stelniabat teit Stadof malilies 174-01-7954 - hrr. simeda . Noberta, Breston, Maryland intel June 19,1965 Junior Order Courtery of France, partition

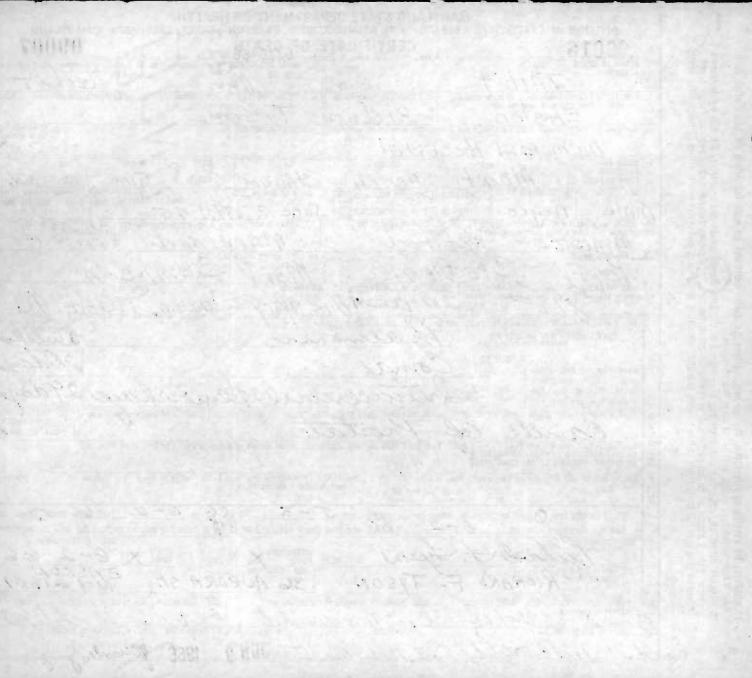
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH by the funeral Pages 1 and 2 urs after death. after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and, give nearest town) hours 5 WEEK ST. Mich = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled papers d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 72 24 thin NO X YES completely ve carbon p executed within NAME DE Middle 4. DATE Month Day Year Last DECEASED (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE years | IF UNDER 1 YEAR | IF UNDER 24 HRS. DATE OF BIRTH 9. AGE (M years last birthday) emove 8. 6 7. MARRIED X NEVER MARRIED Months I Days Hours any WIDOWED DIVORCED lease re 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician death certificate be during most of working life, even If retired) INDUSTRY COUNTRY? U.S.A. MATERMAN attending phy ermit. Then p 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17- INFORMANT has been signed by the attent as the burial-transit permit. (Yes, no, or unkown) (If yes give war or dates of service) transit perm cremation, CAUSE OF DEATH [ Enter only one cause per line for (a), INTERVAL BETWEEN (b), and (c).] law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that ti Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) burial-t burial, DUE TO Conditions, If any, which gave rise to immediate the or to DUE TO (a), stating as th underlying cause last. NO WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? FUNERAL DIRECTOR: After this certificate irector, page 3 should be detached for use bould be filed with the State Dept. of Health CERTIFICAT NO X YES 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. 19 at work at work othat (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at \$145 M. from the causes and on the date stated above. saw the deceased alive on 22a SIGNATURE DATE SIGNED ATTENDING PHYS. STAFF DIRECTOR 220.7 PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. 23d. ADCATION (City, town or gounty) BEMOVAL (Spegify) 2 66 24. / FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR VR A15 (4) 20M 1/65

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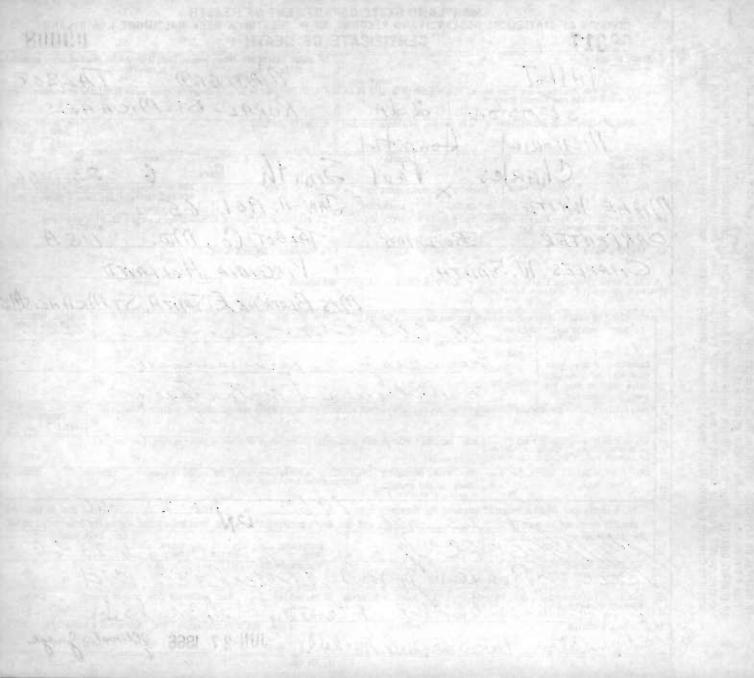
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death 24 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY by the family Pages 1 urs after MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) re carbon papers. Pag event, within 72 hours E 45tor d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE ON A FARM? No D completely NAME OF First Middle DATE Month Day Year Last DECEASED NF (Type or print) DEATH 1966 AQ remove 6. COLOR OR RACE DATE OF BIRTH 1890 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 9. 7. MARRIED NEVER MARRIED last birthday) Months Hours any egro WIDOWED = 10a. USUAL OCCUPATION (Give Kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT hysician please r during most of working life, even if retired) /INDUSTRY certificate FATHER'S NAME MOTHER'S MAIDEN NAME There 15. WAS DECEASED EVER INU.S. ARMED FORCES? (Yes, no, or unknown) (1) yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the attent the burial-transit permit or to burial, cremation, or r death INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] The law requires that the ONSET AND DEATH PART I, DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating prior underlying cause last. has CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) use PERFORMED? certificate YES NO K 5 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) this certidetached for the Dept. of MEDICAL 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 2Dc. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) be de State Hour a.m. After Id be d While Not While 19 at work at work p.m. 21. I certify that (1) (this hospital) attended the deceased from 2 66 to the 3 should with the 66, and that death occurred at 6-8M, from the causes and on the date stated above. saw the deceased alive on 22a. SICNATUR 22b. OR be DIR page ATTENDING ADDRESS MED. DIRECTOR M.D. pas O HOSPITAL PHYSIC 22d. FUNERAL director, p AUROR NAME (Type) 2160 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) RECISTRAR'S SIGNATURE FUNERAL DIRECTOR 25a. REC'D BY RECISTRAR 25b. VR A15 (4) 20M 1/65



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rtif	The		Harry S. Sommers Mary Elizabeth Davis
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leat	the atte it permit		Yes (15 yes give war or dates of service) 218-20-3627 Mrs. Naomi Martin, Federalsburg, Maryland
law requires that the death certificate be executed within	tian. by the at transit pern cremation,		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Carcinoma of the lung  ONSET AND DEATH  The sea Bush
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9	by ter tat	MFOICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   4 work   20f. (City or town)   (County)   (State)   20f. (City or town)   (State)   20f. (City or town)   2
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H	y be retained DIRECTOR: A age 3 should lied with the		saw the deceased alive on
8	BREG 9 3		22a. SICNATURE  Robert W. Trever ATTENDING MED. STAFF J. June 17 1966
AL C	nay be page filed	1	22c. PHYSICIAN'S  ATTENDING M.O. PHYS. DIRECTOR
OSPIT	ER P		NAME (Type) Robert W. Trever, M.D. Easton, Maryland
TO H	Page 4 TO FUNE directo	23	a. BURIAL, CRÉMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial  23d. LOCATION (City, town or county) Federalsburg, Maryland
	3	A 2	4, FUNERAL DIRECTOR ADDRESS   25a. REG'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
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fille pape pape	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADORESS  COSTON MCMOTICI	e. IS RESIDENCE ON A FARM? YES NO
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icate be e physician n please r val, and in	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KINO OF BUSINESS OR INDUSTRY  11c. BIRTHPLACE (County & State, or foreign country)  11c. CC  11c. BIRTHPLACE (County & State, or foreign country)  11c. BIRTHPLACE (County & State, or foreign country)  11c. CC  11c. BIRTHPLACE (County & State, or foreign country)  11c. CC  11c. BIRTHPLACE (County & State, or foreign country)  11c. CC  11c. BIRTHPLACE (County & State, or foreign country)  11c. CC  11c. BIRTHPLACE (County & State, or foreign country)	ITIZEN OF WHAT
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e death c the atten it permit. nation, or a	(Yes, no, or unkown) (If yes give war or dates of service)  John E. Swartz, Easton, Md.  18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL PERMETA
quires that the physician. See signed by the burial-trans to burial create by the burial creates to burial, creates to burial, creates to burial, creates to burial, creates the burial	PART I. DEATH WAS CAUSED BY: 76/5 IMMEDIATE CAUSE (a)  OUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the  OUE TO,  OU	INTERVAL BETWEEN ONSET AND DEATH
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OR ATTENION OR ATTENION OR Extra Inc. DIRECTOR: ge 3 should led with the	saw the deceased alive on 6-25-66 19 , and that death occurred at 25 M, from the causes and on to 22a. STANATURE  ATTENOING MED. STAFF DIRECTOR PHYS.   22b. 0	56, that (I) (we) las he date stated above ATE SIGNEO
TO HOSPITAL Page 4 may O FUNERAL director, page should be fill	22c. PHYSICIAN'S NAME (Type) JOHN A. HAWKINSON 11 EARLE AUE, EASTON 23a. BURIAL, GREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF GREMATORY 23d. LOCATION (City, town of co	
TO I dilik	Burial (Specify) 6/27/1966 Spring Hill Easton, Md.  236. Education (city, town of content or cremator)  257. NAME OF CEMETER OF CREMATOR    258. Education (city, town of content or cremator)  258. Education (city, town of content or cremator)  258. Paring Hill  259. Registrar   250. Registrar    250. Education (city, town of content or cremator)  251. Education (city, town of content or cremator)  252. Education (city, town of content or cremator)  253. Education (city, town of content or cremator)  254. Education (city, town of content or cremator)  255. Education (city, town of content or cremator)  255. Education (city, town of content or cremator)  256. Education (city, town of content or cremator)  257. Education (city, town of content or cremator)  259. Education (city, town of con	
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2 = 2	allegaria Ha	spital 1	YES NO D
law requires that the death certificate be executed within strending physician. Has been signed by the attending physician and completely as at the burial-transit permit. Then please remove carbon prior to burial, cremation, or removal, and in any event, with	3. NAME OF DECEASED (Type or print)	Middle , Last 4. DATE OF DEATH	Month Day Year
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e death c the atten t permit. ation, or	18. CAUSE OF DEATH [Enter only one cause per	1963-2984 marion Jan.	INTERVAL BETWEEN
hat the deaf clan. ed by the af transit perr , cremation,	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ha della malasion	ONSET AND DEATH
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ICIAN ospit cert hed ft. of	20a. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING 20b. (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCOURSE FOR MISCH GOODINGES. (Enter nature of misary in Fair	of full it of item toly
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무희 는 은	21. I pertify that (I) (this hospital) attend	ed the decoesed from 6 , 19/00, to 6	the causes and on the date stated above
	22a. SIGNATURE		22b. DATE SIGNED
- 1 > 02	22c. PHYSICIAN'S URDER	M.D. ATTENDING MAED. DIRECTOR 22d. ADDRESS	STAFF PHYS. 06-9-66.
SPITAL 4 may NERAL I tor, paged d be fill	NAME (Type) R. Lane Wroth	M. D. Enstony xx new St.	Michaels, Maryland
TO HOSPITAL Page 4 may TO FUNERAL director, pa	23a. BURIAL, CREMATION, 23b. DATE THEREOF		TION (City, flown or county) (States)
	24. FUNERAL DIRECTOR	ADDRESS? 1262, REC'D BY, REGISTR	AR   25b. REGISTRAR'S SIGNATURE
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eath certific attending I ermit. Then on, or remov	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT (Yes, png. or unknown) ((Tyes give war or dates of service)
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the sit sit	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  ONSET AND DEATH  ONSET AND DEATH
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	ZDc. TIME DF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2De. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (County) (State)   2De. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE DF INJURY (Home, farm, factory, street, stre
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AL OR Lay be L DIRE page ?	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. D 6-24-66
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Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OF CREMATORY   23d. LOCATION (City, Jown or Carbunty) (State)
5 5 5 5 8	BURIA JUNE 26, 1964 STEVENSVILLE CEMETERY STEVENSVILLE , OLA PU PONC
10	20 FUNERAL PIRECTOR BY REGISTRAR'S SIGNATURE  11N 20 1996 Volumber Judge
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. death. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE within 72 ON A FARM? Morris Street NO X YES letely carbon NAME OF First Middle DATE Last Month DECEASED event, (Type or print) DEATH 1966 ease une 6. COLOR OR RACE SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 7. MARRIED 8. етоме NEVER MARRIED WIDOWED DIVORCED male 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY CQUNTRY? Housework lenn. 13. FATHER'S NAME remova attending Narcissa McLemore ed by the attend transit permit. cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no, or unkown) | (If yes pive war or dates of service) Oxford. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: been signed I the burial-tran or to burial, cre Cenditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate YES NO T o 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part || of item 18.) After this certif I be detached fo State Dept. of I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (State) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While 19 at work at work p.m. 21. I certify that (1) (this hospital) attended the deceased from 19 66. to DIRECTOR: 6 and that death occurred at 5 3. M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF M.D. PHYS. DIRECTOR TO FUNERAL director, pi should be f FUNERAL PHYSICIAN'S 22d. ADDRESS NAME (Type) Duffy, Thomas M.D. Easton Md. 23d. LOCATION (City, fown or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Uxtond ENERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 20M 1/65

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1 (M	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	09023 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (19014
HEALTH DEPT.	1. PLACE OF DEATH o. COUNTY 1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) b. COUNTY Worcester
thin 24 hours after death. If any delay is incli in Item 18. Give Poges 1, 2, and 3 to miner's Office along with farm PM3. Page pages 1 and 2 with the State Department of in any event, within 72 hours ofter death.	b. CITY OR TOWN (If outside corporate limits, East on give nearest town)  East on Rural-Pocomoke City 23 2
farm farm ote Dep	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Herovial  R.F.D. 2, Box 262  e. IS RESIDENCE ON A FARM?  YES X NO
er deat ive Poe ig with ig the Sta	3. NAME OF DECEASED (Type or print) DON ALD CL J. J. CK FM See Middle Lost 4. DATE Month Doy Year OF DEATH 6- 20 19 66
urs afte n 18. G ice alon 12 with	S. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  DIVORCED  1. S. DATE OF BIRTH  1. S. DATE OF BIRTH  Sast birthdoy)  yrs.  9. AGE (In years birthdoy)  Months Doys 'Hours Min.
24 hours in Item 18 er's Office es 1 and 2	10b. USUAL OCCUPATION (Give kind of work done during most of werking life even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  INDUSTRY  Maryland  12. CITIZEN OF WHAT COUNTRY 3. A.
within pencil xomine ile pog nd in (	13. FATHER'S NAME  DONALD F. VICKE RMAN  14. MOTHER'S MAIDEN NAME  PAULINE PASCO
cuted ing" in dical E dical E ovol, a	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no or unknown) (If yes give wor or dofes of service) None   17. INFORMANT   Address R.F.D. 2 Donald F. Vickerman, Pocomoke CitymM
MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If upleose execute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, I director. Poge 4 should be forworded to the Chief Medical Exominer's Office along with farm retained for your files.  DIRECTOR: Page 3 should be used as buriol-transit permit. File pages 1 and 2 with the State Delets designated agent, prior to buriol, cremotion, or removal, and in any executivity of hours of the state of the s	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse  DUE TO  DUE TO  INTERVAL BETWEEN ONSET AND DEATH  ONSET AND DEATH  DUE TO
his certifica ate, writing te forworded be used os to buriol, co	lost. (c) (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY
AMINER: This et the certificate, et 4 should be four files. ge 3 should be ogent, prior to	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING POLITION PELL INTO SWIMMING POOL AT MOTEL  201. TIME OF INJURY Month, Day, Yeor 202. TIME OF INJURY Month, Day, Yeor 203. INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B.) PELL INTO SWIMMING POOL AT MOTEL  204. INJURY OCCURRED (City or town) (County) (Stote)  205. Time OF INJURY Month, Day, Yeor 206. INJURY OCCURRED (Only 1) (Stote) While Not While Modern Preet, office bldg, etc.)  206. External Cause was PERFORMED? YES NO  207. The OF INJURY Month, Day, Yeor While Not While Modern Preet, office bldg, etc.)  208. Tablet Md
XAMIN tre the ge 4 sh your fill age 3 s	p.m. of work at work
DEPUTY MEDICAL EXAMINER: I seessory, pleose execute the certific te funerol director. Poge 4 should be moy be retained for your files. FUNERAL DIRECTOR: Page 3 should eolth or its designoted ogent, prior	21. I certify that I taok charge of the remains described abave, held an Autapsy, Inspection, Inquiry, and in my opinic deoth resulted from: Notural causes, Accident, Suicide, Homicide, Undetermined manner
	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER \( \)  EXAMINER'S  ACTUAL SIGNATURE \( \)  M.D. ASSISTANT MEDICAL EXAMINER \( \)  6-20-66
TO DEPUTY necessory, if the funeral 5 may be r TO FUNERAL Health or if	NAME (Type)  We lty Address (Street, city, town, or county)  230. BURIAL, (REMATION, REMOVAL (Specify) BURIAL  Address (Street, city, town, or county)  23d. LOCATION (City or Town)  (County) (Stote) Presbyterian  Pocomoke City, Maryland
VR A15ME (5)	ADDRESS ADDRESS ADDRESS ADDRESS POCOMOKE City, Md. DATE UN 2 4 1966 POLICY DATE OF POCOMOKE City Md. DATE UN 2 4 1966 POLICY DATE OF POCOMOKE CITY Md. DATE UN 2 4 1966 POLICY DATE OF POCOMOKE CITY Md. DATE UN 2 4 1966 POLICY DATE OF POCOMOKE CITY Md. DATE UN 2 4 1966 POLICY DATE OF POCOMOKE CITY Md. DATE UN 2 4 1966

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1	7	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1.22		09094 Thomason CERTIFICATE OF DEATH 1 C378 7/20/66 49015
death funeral and 2 death.	Es.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a STATE to COUNTY)
	1	TA/60/ MARYLAND PA) (NO MOTE RAID
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town)  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
hour s. I hou		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS   e. IS RESIDENCE
executed within 24 hours and completely filled in by remove carbon papers. Pan any event, within 72 hours	00	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Memorial Hospital (if not in hospital, give street address)  7.6 F. Sugoth  9.0 IS RESIDENCE ON A FARM? YES DINGE
completely ve carbon pevent, with	77	
1 within pletely carbon ent, wit		3. NAME OF DECEASED (Type or print)  Samuel Charles Weiner DEATH  6-19-19-66
executed and corremove any eve		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HR   last birthday) Months   Days   Hours   Min.
execu n and removin any		10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
be e		during most of working life, even if retired) INDUSTRY  Retail Clothing Westmade and Pa
at a stee		13. FATHER'S NAME Sarah Wexler
ding The		Exist Weiner DONA///VUNKAGAN)
ath certif		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) 16.5 - 24 - 75.05 / Address
e death of the attentit permit.		1.18. CAUSE OF DEATH PETTER ONLY DIRECTOR (a), (b), and (c), 1.20 (c), 1.30
PHYSICIAN: The law requires that the death certificate be the hospital or attending physician. this certificate has been signed by the attending physician detached for use as the burial-transit permit. There is ease e Dept. of Health prior to burial, cremation, or removal and it		PART I. DEATH WAS CAUSED BY: YOUR AND DEATH
that iciar ned Il-tra Il, cr		420 IMMEDIATE CAUSE (a) DUE TO COLOR OF THE CAUSE (a) DUE TO COLOR
Ires that the physician. I signed by the burial-transit burial, crema		Conditions, If any, which ) (b) Conditions, If any, which )
HYSICIAN: The law requires that the hospital or attending physician. this certificate has been signed by etached for use as the burial-trans Dept. of Health prior to burial, cren		gave rise to immediate cause (a), stating the DUE TO The 12 g d B
aw I ttenc has as as		Underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (2) [19. WAS AUTOPSY
The late or at ate hase use		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a)   19. WAS AUTOPSY PERFORMED?  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
AN: To the for the form the	0	203. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH
HYSICIAN: he hospital this certific etached for Dept. of He		
		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED At work a.m. Pp.m. 19 At work at wor
DING PRICE PRAFFER TO BE DE		
		21. I certify that (I) (this hospital) attended the deceased from
ATT ret ret 3 st with		220 SIGNATURE   22b, DATE SIGNED
DIR DIR DIR Filed		M.D. ATTENDING MED. STAFF PHYS. 19 6 - 19 - 66
TO HOSPITAL OR ATTENIPAGE 4 may be retaine for FUNERAL DIRECTOR: director, page 3 should should be filed with the	1	MATTER TYPE IN PRESENT & 22d. ADDRESS LEGALLY MA
HOS Page FUN FUN Hould		232. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF GEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
01 01 00 00		BONIAL B-X1-66 DM2 Cemetery Widdle Town, 120
		24. FUNERAL DIRECTOR  ADDRESS  125a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR AI5 (4) 20M 1/65		I Name W. MENTON SOR MASION " WILLIAM S. I 1200 / LOCALOS LAS

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